## TOWN OF HALFMOON SUMMER CAMP REGISTRATION

Mailing Address:									
Email									
Guardian #1:			Home:		Cell:	Cell:		Work:	
Guardian #2:	Home:		Cell:	Cell:		Work:			
Additional Emergency Contact: Authorized Pick Ups (First & Last name of 3 persons not listed above)			Home:		Cell:	Cell:		Work:	
			(1)		(2)	(2)		_ (3)	
Child's Name (First & Last)	Child's Name (First & Last)  Grade (in the Fall)  D.O.B.		Sex (M or F) Attended last year?		Medical Information (allergies, current medications, serious limitations, medical problems, any specific situations our staff should be aware of)		ical problems, any special	Medication at camp? (✓)	Ethnicity (circle one)
									White
									Black
									Asian
									Hispanic
									American Indian
									2 or more races
			TRAN	SPORT	TATION INFORMAT	ION			
					TO BE COMPLETE E	BY STAFF			
Are you using bus transportation?	Yes No	G	uardian Ini	tial	Staff Initials:	AM STOP	PM STOP_		Wrap
<u>Initials</u>			Please	READ an	d Initial the following state	ments to acknowl	<u>edge</u>		
I acknowledge that	nt PM transporta	ion will NO	T be provide	d for child	ren attending Wednesday lon	ng trips (6/27, 7/11 a	and 8/1). Therefore, I w	vill need to pi	ck my child up
from the Pavilion.	Further, I acknow	wledge tha	it the child m	ust be sig	ned out.		,	•	
			tion to trans	oort my ch	ild to the Halfmoon Town Par	k to use amenities	at appropriate times de	emed suitab	le by the
Recreation Direct	<u> </u>		equired to tra	nsport my	child(ren) to and from all trips	s and lessons I fu	rther acknowledge that	I will not be a	able to drop
off/pick up my chi			•		Simulation, to sind normality	2 2.10 100001101 1 101	. E. C. Gold of Houge that		
<mark>unless I sign belo</mark>	<mark>w.</mark> By signing be	low, a pare	ent/guardian	or other de	rning. I also acknowledge the esignated person is required recurring issue, the Director	to be at the PM bus	s stop for pickup and if I		
			-17		<b>J</b> ,	,	<b>U</b> **		
I require my child to have a paren	t/guardian or o	ther design	nated respo	nsible pei	rson at the PM bus stop	Par	rent/Guardian Signatu	re	_

I hereby grant that my child / children, identified above, can participate in the 2018 Summer Recreation Program with the Town of Halfmoon. I further agree that if he / she becomes injured, the Town of Halfmoon and the Town of Halfmoon Recreation Department, through its servants, officers, employees, or agents, may obtain emergency medical treatment / and transportation as deemed necessary to provide individual safety and wellbeing. I further understand that the Town of Halfmoon will first attempt to contact me at the numbers listed on the registration form to obtain consent for treatment if the conditions and time permits.

The undersigned states that he/she understands that the Town of Halfmoon is not and shall not be responsible for or liable for any illness, injury to person or damage to property resulting from the program, activities occurring during the program and/ or transportation during the program, and the undersigned hereby releases and holds harmless the Town of Halfmoon from all claims of any kind that the undersigned or his/her heirs, executors, administrators, or assigns may have either individually or as a parent and natural guardian for any claim that has resulted from the child's participation in the program. Also, the undersigned waives any and all claims that he/she alleges or his/her heirs, executors, administrators, or assigned may have or claim to have resulting from a photograph (black/white or color) or video taken of said person while participating in the program.

I hereby agree to indemnify and hold the Town of Halfmoon, its employees, servants, officers and agents free and harmless from and against any and all losses, liabilities, causes of action, all other types of claims of every kind and character arising out of, relating to, and occurring either directly out of the use of any or all of the Halfmoon facilities, parks, municipal buildings, streets, highway or other lands by the undersigned either as individuals / parents of minor children or as member of a group or as result of any acts and or omissions including negligence by the Town of Halfmoon, its officers, servants, employees, and agents. I further agree to investigate, handle, respond to, provide defense for and defend any such cause of action, lessor other claims at my sole expense and agree to bear all other costs and expenses related there to.

\* I Have Read & Understand the Registration, Authorized Participation And Waiver Statement and Indemnification Waiver. I understand that if any clause, sentence, paragraph, section or part of the Recreation Statement is judged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, section or part there of directly involved in the controversy in which such judgment shall have rendered.

S	IGNATURE OF GUARDIAN	PRINT	DATE			
<u>Initials</u>	Please	READ and INITIAL the following statements to acknowledge				
	I have been made aware that a digital copy of the brochure/parent handbook is posted on the town's website for the duration of the summer program. that I understand, and acknowledge the policies/rules of the Halfmoon Recreation Program and will explain them carefully to my child(ren). I understar inappropriate behavior is displayed, my child(ren) may be dismissed from the program and no fees will be refunded.  The included Medical information and Immunization Records are all up to date, true and accurate. The Town reserves the right to require an aid be presented in the care of any child participating in the program as deemed appropriate by the Town.					
		mage to a site, bus, or field trip will be solely my responsibility.				
	the 3rd slip (weeks 5-6) by July 11th. I understand that	I the 1st slip (weeks 1-2) must be completed and turned in by <b>June 1st</b> , 2nd slip at once turned in, <b>NO</b> changes may be made. I also understand if the permissive. Due to the cost of printing, a second copy will not be provided by the Recre	on slips are misplaced, an			
	I acknowledge that it is my responsibility to know what camp with required items they will not attend the trip the	t each trip requires (i.e. waivers, lunch, socks & sneakers) and understand tha nat day.	t if my child does not come to			
	I acknowledge that trips and lessons may conflict and lessons are non-refundable.	if I sign my child(ren) up for a trip that does conflict; my child(ren) will be sent	on the field trip. I understand that			
	I give my child (ren) permission to carry and use sunso	creen at camp. I hereby permit staff to only apply the provided sunscreen to n	ny child.			
		ster's, Sky Zone, and Clifton Park Ice Skating partial refunds will be offered for o be at least \$25 per family in order to receive a refund.	missed trips. The total missed			
		in the grade level specified on the registration packet. Any switching after thi cknowledge that I need to submit in writing any request to switch the grade lev				
	I acknowledge that only authorized person(s) with a pr writing before they will be allowed to pick up.	noto ID may pick up my child. Further, I understand that any additional authori	zed pick-ups must be submitted			